Naval and Military surgeons

When the Surgeon's Company split from the Barbers in 1745, they inherited the responsibility for examining naval surgeons and assessing wounds and injuries incurred while on active service – as College records, for example, indicate happened in the case of Lord Nelson. The position regarding the examination of naval and military surgeons was subject to considerable changes in the nineteenth century and over the next hundred years this close association with the College was gradually severed. The navy also, indeed, had close associations with the Royal College of Physicians of London and the Society of Apothecaries. While these changes have never been properly documented, it is possible to observe them through the entries in the College Examination Books.

Certificate and Fee

For many years army and navy surgeons received a certificate if they satisfied the College Examiners. While this certificate enabled them to practise at various levels in the services it did not permit them to practise on civilians or qualify them to apply for civilian hospital appointments. It was, therefore, an inferior qualification to the diploma of the college, the possession of which implied a fully qualified and experience surgeon.

The examination fee for the diploma was 20 guineas while that for an army or naval surgeon 5 guineas and the examination itself was probably more superficial than that for the Diploma. Tobias Smollett provides an amusing account of such an examination in "The Adventures of Roderick Random" (published 1748). There was also a lower grade of examination, for naval assistants and hospital mates (army). The fee for this was only 2 guineas and those qualifying were allowed to practise only under the supervision of a certificated army or naval surgeon.

A further differentiation of status was that only holders of the Diploma – Members of the College (MRCS) – appeared in the published list of Members. Surgeons in the services, who did not hold the Diploma, were excluded. The term Licentiate was never used at this time, only Member for the holder of the Diploma. In 1843 Fellowship by examination was introduced, a higher qualification than Membership. The possession of both MRCS and LSA was regarded as the qualifications of a general practitioner in the mid nineteenth century, as together they allowed the practice of both medicine and surgery.

The greatest numbers of service surgeons submitting themselves for examination took place in wartime. During the Napoleonic Wars they usually outnumbered those examined for the Membership. The years 1835-1855 were largely peaceful with

army and naval surgeons far fewer in the Examinations Books at this time. During the 1830s fewer naval surgeons were examined for the old certificate but more applied to take the Diploma examination. It had always been an option for a surgeon leaving the services and continuing to practise surgery in civilian life, to 'convert' his certificate into a Diploma by undergoing a further examination.

East India Company

Surgeons to the East India Company were examined by the College on the same basis as army and navy surgeons, i.e. they were not qualified for civilian practise, but they too could go on to take the Diploma if they wished. Also like army and navy surgeons more appeared to take the examination for the Diploma as the century advanced.

The strictures about civilian practise would have been limited in practice. The College, and its eighteenth century predecessor, the Surgeons' Company, only regulated surgery in London and its environs, beyond that their influence was limited and unqualified practitioners abounded. This situation gradually reversed in the nineteenth century, accelerated by legislation for medical registration. However, remote from Great Britain, in India and New Zealand army and navy surgeons seem to have been in civilian practise on the strength of their certificates as opposed to the College Diploma.

Additional Information

1st Mate

Historically, naval officers fall into two groups, commissioned and warrant officers. The commissioned officers originally consisted of Admirals, Captains and Lieutenants (higher ranking officers), and after the 17th Century warrant officers who were deemed to be 'inferior' and lacked authority. Surgeons come under the category of "warrant sea officers" who held a position between commissioned and warrant officers and were responsible to the Captain directly.

The surgeon was assisted by the surgeon's mates and it is possible that 1st Mate would essentially be equivalent to Assistant Surgeon and would be next in the chain of command.

1st Rate

The rating system was used from the beginning of the 17th Century to the mid 19th Century to categorise war ships depending on the

number of men required to man them at sea and generally how many guns they held. The first and second rates had three continuous decks of guns and the fourth and fifth rates had about 50 or 60 guns on two decks

Naval Surgeons and the College

From a historical perspective both the passing of the Apothecaries Act in 1815 and the ending of the Napoleonic Wars had a significant impact, not only on the medical profession generally but, on naval surgeons in particular. Naval surgeons, “on the beach” (retired on half pay) found themselves, like their army equivalents, having to be examined by the Society of Apothecaries in order to become licensed to prescribe and dispense drugs. This caused widespread dismay but Mr. Brougham’s Declaratory Act of 1825 eventually enabled naval and army surgeons to practise as apothecaries without having undergone any examination. More significantly, as least as far as the College was concerned, the Admiralty decided that officers no longer needed to be examined by the College for compensation or pension; the certificate of the hospital where they had been treated being deemed sufficient evidence.

After 1824 Admiralty regulations began to admit certificates of competence in surgery from the other surgical colleges, besides those issued by the Royal College in London. In 1745, surgeons split off from Barber Surgeons (later becoming Royal College of Surgeons). By the nineteenth century fewer candidates presented themselves for exam by the college. None did in 1841.

The right to examine a naval surgeon on entry finally came to an end, as far as the College was concerned, in 1843 when the first 600 Fellows were created. Applicants in 1843 had to have approved qualification and be examined before the Inspector General of Naval Hospitals and Fleets and have a certificate of good moral character signed by clergy or a magistrate. A new link was, however, forged with the Navy. Sir William Burnett and Sir James McGrigor, respective heads of the Navy and Army medical departments, applied to have 400 of their surgeons made Fellows. Following objections by Council to this number, Burnett acquiesced and a much smaller number of naval surgeons were elected Fellows.

Assistant Surgeons and Reforms

During the 18th century, naval surgeons were warrant-officers and held warrants, rather than commissions as officers. The Order in Council of 1805 permitted medical officers in the navy “to wear a distinguishing uniform and to have a similar rank with the officers of the same class in Your Majesty’s land forces”. Senior naval

surgeons thereby became considered as officers of wardroom rank. However, the lot of assistant surgeons (the majority of the naval surgeons) remained a miserable one, until the Crimean War exposed once and for all the need for radical reform in the medical armed forces. Many, including the vociferous Wakley in *The Lancet*, had championed the cause to improve the status, pay and rank of assistant surgeons in the first half of the 19th century. As part of the naval reforms carried out in the decade following the Crimean War, many if not all, of the assistant surgeons' grievances were finally met. The Medical Act of 1858 established a national register of qualified practitioners. The Crimean War had also exposed the need for further training of army and navy surgeons. Florence Nightingale set out the need for an Army Medical School in her influential book *Notes on matters affecting the Health, Efficiency and Hospital Administration of the British Army* (1858). A school was opened at Fort Pitt, Chatham in 1860, to which naval surgeons were first sent in 1871. The school moved to Netley Hospital in Hampshire where there was a Professor of Naval Hygiene, until in 1881 a Naval Medical School was established at Haslar. Both Haslar and the College suffered as a result of enemy action in 1941, but whereas the library and museum at Haslar were destroyed, the College library and some of the museum collections, including c.3, 500 of John Hunter's specimens, survived.

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-Searching for the subject “Naval” on the Library catalogue will produce further volumes held in the RCSEng Library.
-There is no published list of naval surgeons, other than that published in the Navy Lists.
- The College’s Examination Books can tell you whether they qualified as army or naval surgeons, whether with a certificate or the Diploma.